

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-013786

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 333Primary Registration District No. 3074Registrar's No. 70

FILED APR 2 1962

VS 300  
Rev. 4/591 10072 10073 24 05 26 07 08 09 331X

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12 1-013 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY Scottb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN SikestonLength of stay in lb  
Transitc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION Missouri Delta Hsp.Inside Limits  
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Scottc. CITY  
OR  
TOWN SikestonInside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS 871 W. MaloneReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

CharlesFrancisClark4. DATE  
OF  
DEATH

Month

Day

Year

March16, 1962

## 5. SEX

Male

## 6. COLOR OR RACE

White7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

9/9/1888

## 9. AGE (last birthday)

73

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Fireman-Stationary10b. KIND OF BUSINESS OR INDUSTRY  
Cotton Gins11. BIRTHPLACE (City and state or country)  
Wayne County, Mo.12. CITIZEN OF WHAT COUNTRY  
U.S.A.

## 13a. FATHER'S NAME

Frank Clark

## 13b. MOTHER'S MAIDEN NAME

Mary Hensley

## 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
Yes WWI

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Mrs. W.M. Dowell-Caruthersville, Mo.18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Cerebral Vascular AccidentINTERVAL BETWEEN  
ONSET AND DEATH15 minConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

ArteriosclerosisUnknown

## DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY  
Hour  
a.m.  
p.m.20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Seen only the day of death  
About 6:30 A. m. on the date stated above, and to the best of my knowledge, from the causes stated.  
Death occurred at

## 22a. SIGNATURE

(Degree or title)

John Sargent M.D.

## 22b. ADDRESS

808 Wakefield  
Sikeston, Missouri

## 22c. DATE SIGNED

3-22-6223a. BURIAL, CREMATION,  
REMOVAL (Specify)Removal

## 23b. DATE

March 18, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

Maple Cemetery

## 23d. LOCATION (City, town, or county)

Caruthersville, Missouri

## (State)

## 24. FUNERAL DIRECTOR

ADDRESS

H.S. Smith F. Home-Caruthersville, Mo.

## 25. DATE RECD. BY LOCAL REG.

3-28-62

## 26. REGISTRAR'S SIGNATURE

Jeanette Waldman

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

APR 3 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed W. Denver Fike

Licensed Embalmer No. 4484

P. O. Address Cantharville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.